	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL FEE	RATE	TIONA FEE
Total	. 4	Minus .	20	=.	X\$ 9=		X\$18=	155
Independent	. 2	Minus .	· 3.	9		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X39=	OR	X78=	· .
If the cate is sub-mark to the cate is a sub					+130=	OR	+260= -	
If the entry in column i is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20; enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."					ADDIT FEE	L. JOH	TOTAL ADDIT. FEE	
The "Highest Num	ber Previously Pai	d For (Total o	r Independent) is the	highest number	found in the ap	propriate box in co	lumn 1.	: " • •

FORM PTO-875 (Rev. 11/98) BEST AVAILABLE (